

Figure 1: Home Telehealth Patient Assessment form

Purpose: To screen current patients of _____ [the home health agency] for appropriate admission to the telehealth program.

In-person assessment of patients is required to complete this checklist, and should be completed during a usual visit so that the nurse is able to judge the communication skills and other capabilities of the patient (and/or of a caregiver who will be present at each telehealth interaction).

Name of Patient: _____

Name of Provider: _____

Branch Office: _____

Date: _____

Patient's Capabilities:

	Good	Adequate	Poor	Non-responsive
Ability to See				
Ability to Hear				
Manual Dexterity				
Understand Directions				
Attitude Towards Technology				
Ability to Tell Time				

Patient's Needs:

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| • Requires two or more skilled nursing visits per week | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has history of repeat admissions | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is documented as non-compliant | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has pain/symptom control issues | <input type="checkbox"/> | <input type="checkbox"/> |
| • Specific disease management | <input type="checkbox"/> | <input type="checkbox"/> |

Special Needs (e.g., non-regular blood pressure cuff):

Clinician Signature

Date